

2001-2002

EDUCATION WORKSHOP REGISTRATION FORM

Fill in the information requested below. *Fax, mail, or email* the completed form 7 working days prior to the workshop to:

Soni Jones, IESTPI Training Coordinator
PO Box 68
Louisville, IN 47352
Phone: (765) 987-7296 Fax: (765) 987-8616
sjones@nltc.net

**YOU WILL RECEIVE CONFIRMATION AND OTHER WORKSHOP INFORMATION BY
MAIL, EMAIL, OR FAX PRIOR TO THE WORKSHOP.**

PLEASE BRING A CURRENT CLASS ROSTER FOR INPUT INTO THE SOFTWARE.

PLEASE PRINT CLEARLY

Your name:	
Workshop date requested:	
Workshop title:	
Occupational area you teach:	
School name:	
School address:	
School phone:	
School fax:	
County:	
Email address:	
Workshops dates you have previously attended:	
Phone number to contact you with last minute instructions (including weather cancellations)	

For more information about the workshops, contact Soni Jones at (765) 987-7296.